



Commonwealth
of Massachusetts

Center for Health
Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)
 APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

Neighborhood Health Plan														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	1,080	1080
PR	2011	0	0	1,016	0	1,013	1,013	0	0	1,024	0	0	1,080	5146
PR	2012	0	0	1,080	0	0	1,503	0	0	1,550				4133
ME	2009	0	0	0	0	0	0	0	0	0	0	0	210,319	210319
ME	2010	0	0	0	0	0	0	0	0	0	0	0	559,497	559497
ME	2011	567,885	571,496	574,683	581,699	586,350	588,723	597,839	592,694	594,664	594,948	595,971	593,864	7,040,816
ME	2012	203,406	592,486	592,501	592,302	592,136	590,038	587,037	589,513	591,675	591,647			5,522,741
PV	2011	132,447	132,860	133,390	133,759	134,256	134,797	136,699	137,879	138,958	140,025	140,605	141,287	1,636,962
PV	2012	142,066	142,758	143,240	143,817	144,294	144,988	145,195	146,589	147,950	149,071			1,449,968
MC	2008	498,951	502,955	491,938	619,586	501,885	561,799	583,457	513,738	493,830	648,555	539,729	678,452	6,634,875
MC	2009	581,591	571,389	586,141	736,795	614,697	670,604	912,634	657,469	797,490	636,850	685,950	833,179	8,284,789
MC	2010	578,838	641,588	745,941	719,620	711,349	827,666	640,785	702,697	797,931	690,867	743,151	1,490,290	9,290,723
MC	2011	685,138	681,372	958,064	959,492	943,263	953,192	815,928	923,360	1,008,740	1,114,527	1,160,073	900,795	11,103,944
MC	2012	741,034	966,817	896,739	1,143,443	1,130,350	917,053	844,536	1,042,312	849,322	1,090,663			9,622,269
PC	2008	145,903	133,514	145,806	144,502	151,173	142,721	144,817	142,662	152,859	160,793	147,149	160,118	1,772,017
PC	2009	163,431	155,880	174,388	173,417	179,234	180,731	175,248	171,133	175,620	182,999	178,152	184,346	2,094,579
PC	2010	183,015	173,647	201,771	193,549	192,741	196,729	189,458	195,814	204,810	209,991	215,178	222,618	2,379,321
PC	2011	222,767	208,671	246,579	229,190	243,738	237,527	227,737	245,291	244,353	249,226	251,756	254,899	2,861,734
PC	2012	259,931	246,235	266,324	256,695	268,443	252,080	244,247	227,421	191,554	373,714			2,586,644
DC	2008	3,930	4,233	4,171	5,970	3,599	3,900	5,888	4,815	5,333	6,826	5,444	6,353	60,462
DC	2009	4,372	6,024	6,427	7,891	7,002	6,902	9,325	8,965	9,120	6,906	7,293	8,138	88,365
DC	2010	5,152	6,531	7,945	6,376	6,581	8,339	6,059	4,546	5,105	3,922	4,283	4,796	69,635
DC	2011	2,759	3,600	5,302	4,354	3,839	4,484	3,765	5,115	3,595	3,544	3,679	2,936	46,972
DC	2012	2,545	3,866	2,708	2,695	3,029	2,667	2,234	3,097	2,453	3,019			28,313

*Key: PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.











